

Project Site PI/Contact	Target Population			Institutional Recruitment			Individual Recruitment		
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Brown/Miriam - Belinda Borrelli, Ph.D. PAQS Project Contact: Beth McQuaid, Ph.D., 401-444-8793 emcquaid@lifespan.org	Children: 0 - 18 Male and Female Parents: 18+ 60% Female	288 30% enrolled	Smoker; not using quitting TX therapy Primary caregiver of child with asthma referred to asthma education program	HMO serving primarily Medicaid Population	RFP requesting information re: HMO populations Follow-up meetings with HMO management and home health care vendor	Track number of HMO's approached to reach target population	HMO partner	In conjunction with home asthma education participation ER referrals Physician contacts Cold calls to HMO members identified through claims data	By source of recruitment (e.g., ER, physician referral: track number of patients approached and proportion agreeing to participate
Oregon Health Sciences University - Diane Elliott, M.D. PHLAME Study Contact: Sara Dolen, B.S., 503-494-4516 dolens@ohsu.edu	Mean age 42 94% Male	608 100% enrolled	Adult, fit-for-duty, fire fighters; Ranked composite demographic and fire station characteristics for matching sites for balanced randomization Portland OR metropolitan area (Salem, OR & 3 SW WA districts) 36 fire stations + 3 pilot stations	Fire districts in and around Portland, OR metropolitan area. Did pre- evaluation to determine if health promotion program already in place and whether job structures worked with study objectives.	Met with chief, key administrators, union representatives Provided brochures and informational packet	All those districts approached agreed to participate (5 of 5)	All active fit for duty fire fighters performing shift work (24 hr on, 48 hr off) who are assigned to a specific station at the time of testing	Individual visits to fire stations, brochures, videotape broadcast on fire fighters' closed-circuit TV network, article in fire fighter newsletter (phone calls to individual firefighters who missed testing to reschedule/determi ne if will participate)	Will track individual fire fighters approached; will compile reasons for non- participation.

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University of Rhode Island - Phillip G. Clark, Sc.D. SENIOR Project Contact: Sandra Saunders, M.P.H.; 401-874-4095 s.saunders@uri.edu	65+ Male and Female	1,270 100% enrolled	Community living in East Providence, Rhode Island area Able to supply informed consent	NA	NA	NA	General community- 65+ residents of East Providence and community organizations	Newspaper ads, flyers, presentations, direct mailings, community advisory board, visibility in community, cold phone calling, community rep (older adult)	Working on this issue.. looking for input from the group
Illinois Institute of Technology - Tamara Goldman Sher, Ph.D. Partners for Life Contact: Jennifer Tennant, M.E.D., R.N., C., 312- 942-2375 jennifer_tennant@rush.edu	18 Male and Female	160 Patients 80 Partners 33% enrolled	1) have CHD or had event, acute symptoms, or risk-reducing procedure 2) LDL criteria 3) BMI >25 or high fat diet 4) Partner willing to participate	Hospitals, in-patients but primarily out-patients notified by 1) clinic, 2) phone and 3) mail	Physician orientation letters and meetings; laminated eligibility criteria cards for all potential referring physicians; cardiology clinic schedules; approach clinic MD's daily; cardiac rehab staff	Track number of physicians approached versus those that refer to the study (TBD)	Three urban hospitals	1) Approach pt in cardiology clinics 2) Bedside visits 3) Flyers in hospital/clinic 4) Pts already referred to rehab program 5) Phone calls 6) Mail flyer to pts 7) Cardiology newsletters	By hospital and physician track number of patients approached versus those enrolled; track demographics of refusers as well as participants

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Kansas State University- David A. Dzewaltowski, Ph.D. Healthy Youth Places Project Contact: Judy Johnston, M.S., R.D., L.D., 316-293-1861 jjohnsto@kumc.edu	Schools are the level of recruitment and assignment Children 11 - 15 Male and Female KS is 51% female	16 Schools 100% enrolled	Middle schools with 7 th & 8 th grade at one location. Grade 9 at another location At least 100 students per grade	Kansas Middle Schools	RFA was sent to all middle schools in Kansas meeting size requirement Letters and phone calls to key school leaders (e.g., school food service, superintendent, etc.) were completed. Site visits and interviews with key leaders were completed.	Numbers of schools contacted, number of schools responding to RFA, number of schools meeting criteria were tracked.	Teachers	Local school coordinators (teachers) will be paid to facilitate recruitment. Teachers assisting with data collection will receive incentives for student participation in project.	Number of students in school, number of students providing informed consent and their activity attendance will be tracked.
Oregon Research Institute - Deborah Toobert, Ph.D. CHDRISK Contact: Lisa Strycker, M.A., 541-484-2123, x 2286 lisas@ori.org	Under 75 Female	277 100% enrolled	Postmenopausal Type 2 diabetes for at least 1 year Living independently; telephone; reads English; not devel. Disabled; in area for study duration No overt CHD; no other life-threatening disease Lane County, OR	Primarily physician practices within a large medical group; also churches, beauty salons, social organizations frequented by African-American and Latina women	Medical group research director is co-PI; meet with medical group management; meet with individual physician practices	% of physician practices approached that agree to participate	Primarily diabetes patients of physician practices within large medical group; also African-American and Latina women recruited directly from other sources (churches, beauty salons, social organizations) to boost minority participation	% able to contact by phone from letters mailed; % eligible after telephone screening; % of eligible agreeing to participate.	

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University of Michigan/Henry Ford Health System - Victor Strecher, Ph.D. Tailored Intervention for Multiple Risk Behaviors Contact: Lucy Robinson, M.P.H., 313-874-6737 lrobins3@hfhs.org	21 – 70 Male and Female	3,000 12% enrolled	Health Alliance Plan (HAP) members aligned to a primary care provider in the Ford Medical Group; have 2+ risk factors from smoking, diet, exercise; English as a first language	N/A	N/A	N/A	HAP members assigned to a primary care physician in the Henry Ford Medical Group	Introductory letter sent to all potential subjects; Follow up phone call regarding the letter; Confirmation letter sent to all enrollees. Closure letter for those not eligible thanking them for participating in the research study	Percentage, demographics and medical characteristics of the people contacted who did and did not participate in study
University of Tennessee- Bob Garrison, Ph.D. HOPE Contact: Mace Coday, Ph.D., 901-448-5900 mcoday@utm.edu	25 - 65 Male and Female 88% Female	361 100% enrolled	BMI \geq 25 Sedentary Urban dwelling	3 Urban Medical Clinics serving working poor population Hope and Healing	Ongoing collaborative meetings since 1998 b/w the Church Health Center and the Univ. Of TN during the planning phase of the Hope and Healing Center Joint Staff Mtgs. b/w CHC, UT, and H&H. Joint Staff training	3 of 3 clinics approached agreed b/c of desire to refer their patients to the Hope and Healing Center programs. Computer tracking system to count # screened from each referral source(1=CHC, 2=UTFM, 3=MTP, 4=H&H)	MD referred patients from the Church Health Center Clinic MD referred patients from the Univ. TN. Family Medicine Clinic MD referred patients from Methodist Teaching Practice H&H Walk-Ins	Media Coverage (coverage on the 1/4/00 opening of Hope and Healing Center via radio, newspaper, & TV-including CNN live featuring Dr. Scott Morris of CHC) Clinic Staff/MD trainings provided at each of 3 clinics on how to make a referral to H&H for exercise. H &H Walk-Ins	Computer tracking system set up for those referred to H&H for exercise; Tracking system programmed in Access to match H&H member databases; Measurement and Intervention tracking systems are separate; Designed to tabulate # eligible from each of 4 sources and also # ineligible and why

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Cornell University - Mary E. Charlson, M.D. Healthy Behaviors Contact: Carla Boutin-Foster, Ph.D., 212-746-1673 cboutin@mail.med. cornell.edu	Expected mean age of 65; range from 35 - 100 35% Women 65% Men	660 100% enrolled	Provide consent within 1 month of having angioplasty or stenting Speak English Telephone	1) Cardiac cath lab at NY Presbyterian Hospital 2) Permission from over 100 cardiologists in NY metro area who refer patients to cath lab for angioplasty or stenting	1) Meetings with cardiac cath lab physicians & staff; 1 cath specialist is co-investigator 2) Letters to all known referring cardiologists; follow-up phone calls from Dr. Charlson; several seminar presentations to physicians at major centers in metro NY area	% referring cardiologists who give permission will report to M.E.C.	All eligible patients who have angioplasty or stenting at our center	Approach patients at bedside after procedures	Track all eligible patients; % enrolled, and compare demographics of enrolled vs. not enrolled
Stanford University - Abby King, Ph.D. CHAT Contact: Cynthia Castro, Ph.D., 650-498-7281 cynthia.castro@stanford .edu	55+ Male and Female	225 60% enrolled	Medically able to exercise at moderate intensity Not in regular PA program for 2 or more times per week for 30 minutes Have touch tone telephone (not rotary) and OK to take calls in area 2 years	Stanford alumni, senior centers, affiliations, corp. retiree organizations, pharmacies, community centers	Meet with institutional representatives to discuss program promotion and recruitment.	Track number of institutions and agencies approached to reach target population and # that agreed to cooperate	Stanford community, civic group members, corporate retirees, church members, persons living in senior centers, and retirement communities	Presentation at senior centers and civic groups, grocery bags, newspaper ads, TV, radio, health fairs, mailing list catalogues	Using Now-Up-To- Date software, track hit rates by source, refusals, and reasons why

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University of Rochester- Geoffrey Williams, M.D. Smokers' Health Study Contact: Chantal Levesque, Ph.D., 716-275-8684 levesque@psych.roches ter.edu	18 - 75 Male and Female	1000 76% enrolled	Smoker English Greater Rochester, N.Y Area (Monroe County)	Hospitals, private medical offices, workplaces, Blue Cross/Blue Shield Large employers (e.g., Kodak)	Work with BC/BS to reach Drs. & individuals in their system Contacts with local large employers for placement of flyers, brochures & newsletter articles Advertisements in large local papers Advertisement in smaller newspapers	Track all institutional sources approached & yield from each	Patients in private practice offices Employees in large local companies Greater Rochester N.Y. community	Cooperate with staff in hospitals to obtain names of current patients who smoke; Contact MD office mangers to place materials in private practices; Ltrs., other contacts through BC/BS enrollee mailings; Flyers, brochures placed in workplaces; Health, employee newsletter announcements Advertisements in local papers, radio & television	By source of recruitment (Inpatient, outpatient, nonpatient); Track number approached & track characteristics of all who agree to be screened for eligibility Get participants to refer the study to their friends/family
Harvard School of Public Health - Karen Peterson, Sc.D., R.D. Reducing Disease Risk Among Postpartum Women Contact: Judy Salkeld, M.S., 617-432-6466 jsalkeld@hsph.harvard. edu	18-44 Female	700 15% enrolled	Postpartum; WIC clients or WIC eligible; telephone; absence of type 1 diabetes, thyroid disease, hypertension, eating disorders; infant birthweight >1500g; absence of major psychosocial or substance abuse problems; Massachusetts	WIC clinics in 1) Springfield, 2) Holyoke Health Center (pending), 3) Boston	Meet with WIC director and nutritionists in Springfield, Holyoke and Springfield WIC clinics	Track numbers of clinics/nutritionists approached	WIC participants at first postpartum WIC visit	Recruit in conjunction with WIC clinic visits required for WIC certification	Track number of WIC enrollees approached and number agreeing to participate

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University of Minnesota Robert Jeffery, Ph.D. Challenge Program Contact: Emily Finch, M.A., 612-626-8314 finch009@umn.edu	18+ Male and Female	600 100% enrolled	Smoker, at least 10 cigarettes per day for 1 year Minneapolis-St. Paul metropolitan area	N.A.	N.A.	N.A.	Public	Newspaper ads, radio spots, direct mailings	Tracking where people heard of study; Of those contacted, keeping track of eligibility
University of Maryland- Barbara Resnick, Ph.D. Exercise Plus Program Contact: Denise Orwig, Ph.D., 410-706-8951 dorwig@epi.umaryland. edu	65 or older Female	240 25% enrolled		Hospitals are the sources and we meet with IRB and admission reps. As well as the head of orthopedics to gain support 5 Hospital sites	Meet with head of orthopedics and also admission reps. Research nurse goes to hospital twice a week to evaluate hip fracture admiss; screens charts, grand rounds, presentations to floor staff	We decided on the hospitals and approach; willingness is based on IRB approval	Patients post hip fracture in the acute care setting	One-on-one meet with patients. Orthopedists and staff are aware of project and encouraged to support us and the project. Patient recruitment is 1 to 1	We track all potential participants (eligible and non- eligible) and keep records of those who consent and do not consent to participate
Emory University - Ken Resnicow, Ph.D. Healthy Body, Healthy Spirit Contact: Dhana Blissett, M.S., R.D., L.D., 404-727-5564 dblisse@sph.emory.edu	Adults 18+ Male and Female	1000 100% enrolled	Increase fruits and veg among the diet of African- Americans to reduce the risk of cancer, diabetes, H/B and other diseases that strike African-Americans	Church-based program, recruit 15 Af-Am churches to participate in study	Recruit/hire a liaison from each church to recruit at least 60 pts to be in health fair. Pts receive incentives @ fair. Church receives incentive per person attends	Three treatment groups T1, T2 and Comparison			